Name In Full

Jas. Bevans

Certificate of Death

Died at Town County Worcester MARYLAND

Date 1899 Month 2 Day 6 | Age Y. M. D. 8 | Native of | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Advocate 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Bowen

Died at Town Snow Hill County Worcester MARYLAND

Date 189 9 Month 2 Day 19 Age Y. M. D. Infant Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Kendall Bowen Mother's Name

Cause of Death: Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Advocate Snow Hill

Address 2-25

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full Annie Braddell

Certificate of Death

Died at Town New Newark County Worcester MARYLAND

Date 189 9 Feb Month Day 24 Age Y. 80 M. D. Native of Maryland Occupation Farm

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ Widower Number of children living 4

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Lobar cold 161

Immediate

How long sick 5 weeks

~~Accident, Suicide, Homicide~~

Reported by Dr J T Hammond

Address Berlin Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 66868

C S E
19

Name in Full Infant Boy Brown

Certificate of Death

Died at Town Snow Hill County Wor. MARYLAND

Date 1899 Month Feb Day 18 Y. M. D. Age 0 Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Kinsal Brown Mother's Name Sarah Brown

~~How long sick~~

Cause of Death Primary 161 ~~Accident, Suicide, Homicide~~

Reported by Burruge & Conner Undertakers

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full Charlotte Burdage

Certificate of Death

Died at Town Snow Hill County Wor MARYLAND

Date 1894 Month Feb Day 26 Age Y. 50 M. 1 D. 6 Native of Md ~~Occupation~~

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widows~~ Number of children living one

~~Husband~~ ~~Wife~~ of

Father's Name Levin Myers

Mother's Name Henry Myers

Cause of Death Primary 22a

Immediate Consumption

How long sick 18 months

~~Accident, Suicide, Homicide~~

Reported by Burdage Homer Undertakers

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Infant Bunbage

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 189 9 Month Feb Day 10 | Age Y. 2 M. 0 D. 3 | Native of | Occupation

Male / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband of
Wife

Father's Name John Bunbage

Mother's Name —

Cause of Death — Primary — 161 — How long sick Unknown

Immediate — Accident, Suicide, Homicide

Reported by Jas E Winn M.D.

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU. 79898

Name In Full Infant — Ford

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 1897 Month Feb Day 17

Age Y. — M. — D.

Native of Berlin

Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of ~~children living~~

Husband of Wife Infant of Henry Ford & [illegible]

Father's Name

Mother's Name

Cause of Death — Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by J E Weir M.D.

Address

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79803

Name in Full: James H. Hancock

Certificate of Death

Died at: Town: Box Iron — County: Wor. — MARYLAND

Date 1899: Month: Feb — Day: 16 — Age: Y. 79 M. 1 D. 2 — Native of: Md — Occupation: Miller

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~

Number of children living: 3

Husband ~~Wife~~ of: Martha Hancock

Father's Name: James Hancock — Mother's Name: Polly Hancock

Cause of Death: Primary — Immediate: Cancer 25 g

How long sick

~~Accident, Suicide, Homicide~~

Reported by: Burbage & Conner Undertakers

Address: Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968

Name in Full

Certificate of Death

John Henderson

Died at Town: Berlin County: Worcester Co MARYLAND

Date 1899 Month: 2 Day: 6 | Age Y. 68. M. — D. | Native of Md | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

Husband / Wife of Lizzie Henderson

Father's Name Unknown

Mother's Name Nancy Henderson

Cause of Death: Primary Acute Nephritis 9 d — How long sick 2 weeks

Immediate Suppression of urine

~~Accident, Suicide, Homicide~~

Reported by E J Holland

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

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16

Name in Full Julia B. Knock

Certificate of Death

Died at Town Newark County Wor. MARYLAND

Date 1899 Month Feb Day 8 Age Y. 21 M. 4 D. 9 Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Wm. Knock

Mother's Name Jennie Knock

Cause of Death Primary 22a

Immediate Consumption

How long sick 7 months

~~Accident, Suicide, Homicide~~

Reported by Burbage & Conner Undertakers

Address Snow Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Van Payne

Certificate of Death

Died at Town Snow Hill County Wor MARYLAND

Date 1899 Month Feb Day 25 Age Y. 50 M. D. 16 Native of Md Occupation Merchant

Male White ~~Married~~ Widow ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

~~Husband~~ ~~Wife~~ of ~~Jacob Payne~~

Father's Name Jacob Payne Mother's Name Catherine Payne

Cause of Death Primary 72 How long sick 1 mk

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by Burbage Conner Undertakers

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Harriett Robbins

Certificate of Death

Died at Berlin Town, Worcester County, MARYLAND

Date 189 7 Month Feb Day 17 | Age Y. — M. D. | Native of Berlin | Occupation Servant

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow | ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

Husband of —
Wife

Father's Name —

Mother's Name —

Cause of Death — Primary — 161 — How long sick 2 wks

Immediate —

Accident, Suicide, Homicide

Reported by J E Wise M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Certificate of Death

Robert Ross

Died at Town: Pocomoke City County: Worcester MARYLAND

Date 1899 Month: July Day: 13

Age born Y. 1893 M. 2 D. 16

Native of: Pocomoke

Occupation: None

Male ~~Female~~

White ~~Colored~~

~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~

~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~

Father's Name: Edward M. Ross

Mother's Name: Nettie Ross

Cause of Death: Primary — Diphtheritia 5a

Immediate: Membranous Croup

How long sick: 36 hours

Accident, Suicide, Homicide

Reported by: H. M. Wilkins M. D.

Address: Pocomoke City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

John Smack

Died at — Town: Berlin — County: Worcester — MARYLAND

Date 189[illegible] Month: Feb Day: 6 — Age: Y. M. D. — Native of — Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary — 15-5-6 — How long sick: 6 months

Immediate: Dropsy

~~Accident, Suicide, Homicide~~

Reported by: Dr Hammond

Address: Berlin

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Dr J. T. Hammond

of Berlin Md

Seen by Coroner

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17

Name in Full: Sallie E. Tarr

Certificate of Death

Died at — Town: Pocomoke. County: Worcester — MARYLAND

Date 1899 — Month: 2 Day: 28 — Age: Y. 64 M. D. — Native of: Worcester Co — Occupation: Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living: 2

Husband of Wife: Peter C Tarr

Father's Name: James Mason — Mother's Name: Wealthy Mason

Cause of Death — Primary: Cerebral Meningitis — How long sick: Two weeks

Immediate: Coma 39a — ~~Accident, Suicide, Homicide~~

Reported by: John H. King

Address: Pocomoke, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Robert Tokas

Died at Town: Snow Hill County: Wor. MARYLAND

Date 1899 Month: Feb Day: 27 Age: Y. 44 M. 1 D. 6 Native of: Md Occupation:

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 9

~~Husband~~ ~~Wife~~ of Emma Tokas

Father's Name Geo. Tokas

Mother's Name Hannitt Tokas

Cause of Death — Primary

Immediate Pneumonia 72 — How long sick one week

Accident, Suicide, Homicide

Reported by Burbage & Conner Undertakers

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Henry Whaley child

Died at Town: Berlin County: Worcester MARYLAND

Date 189 — Month: Feb Day: 16 — Age: Y. 9 M. 24 D. — Native of: maryland — Occupation: —

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ Single — ~~Widowed~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband of —

Wife —

Father's Name: Henry Whaley

Mother's Name: Bell Whaley

Cause of Death — Primary: 161 — How long sick: one week

Immediate: —

Accident, ~~Suicide, Homicide~~

Reported by: Curtis J Evans & Son

Address: undertakers Berlin md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. no Dr in attendance

of

Seen by Coroner

of

Information contained in this certificate received from Elisha Riddell

of Berlin, Md

C. J. E. 18